Fill in this inf	ormation to i	dentify your case	:	Check as directed in lines 17 and 21	:
Debtor 1	Reginald First Name	Bernard Middle Name	Draughn Last Name	According to the calculations required by this Statement: 1	
(Spouse, if filing)		Middle Name r the: EASTERN DIS	Last Name	under 11 U.S.C. § 1325(b)(3). 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).	
Case number (if known)	21-12276-elf			 ☑ 3. The commitment period is 3 years. ☐ 4. The commitment period is 5 years.	
Official Form	122C-1			Check if this is an amended filing	
		of Your Currer nmitment Peri	nt Monthly Income od	(04/20
•				both are equally responsible for being line number to which the additional	

information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: **Calculate Your Average Monthly Income**

- What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$0.00	\$0.00
3.	Alimony and maintenance payments. Do not include payments from a spouse.	\$0.00	\$0.00
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$0.00	\$0.00

Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$0.00	\$0.00			
Ordinary and necessary operating -	\$0.00	_ \$0.00			
expenses Net monthly income from a business,	\$0.00	\$0.00	Copy here →	\$0.00	\$0.00
profession, or farm					

Deb	etor 1 Reginald Bernard Draughn		Case number (if kı	nown) <u>21-12276-elf</u>	
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
6.	Net income from rental and other real property				
	Debtor 1 Debtor 2				
	Gross receipts (before all deductions) \$0.00 \$0.00	.00			
	Ordinary and necessary operating — \$0.00 — \$0.00 expenses	.00 Copy			
	Net monthly income from rental or other real property \$0.00	.00 here →	\$0.00	\$0.00	
7.	Interest, dividends, and royalties		\$0.00	\$0.00	
8.	Unemployment compensation		\$0.00	\$0.00	
	Do not enter the amount if you contend that the amount received was benefit under the Social Security Act. Instead, list it here:				
	For you	74.00			
	For your spouse	\$0.00			
	disability, combat-related injury or disability, or death of a member of ti uniformed services. If you received any retired pay paid under chapte of title 10, then include that pay only to extent that it does not exceed to amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	r 61 he			
10.	Income from all other sources not listed above. Specify the source amount. Do not include any benefits received under the Social Securi payments made under the Federal law relating to the national emerger declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime ag humanity, or international or domestic terrorism; or compensation, pen pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death member of the uniformed services. If necessary, list other sources on separate page and put the total below.	ty Act; ncy ainst sion,			
	Total amounts from separate pages, if any.			+	
11.	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.		\$0.00	+ \$0.00	\$0.00 Total average monthly income
P	art 2: Determine How to Measure Your Deductions f	rom Incom	e		
	Copy your total average monthly income from line 11				\$0.00

Case 21-12276-elf Doc 30 Filed 12/27/21 Entered 12/27/21 18:10:10 Desc Main Document Page 3 of 4

Deb	tor 1	Reginald Bernard Draughn	Case number (if known) 21-12276-elf	
13. Ca		culate the marital adjustment. Check one:		
		You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B of you or your dependents, such as payment of the spouse than you or your dependents. Below, specify the basis for excluding this income and the necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below.	s, that was NOT regularly paid for the household expenses e's tax liability or the spouse's support of someone other amount of income devoted to each purpose. If	
		Total		\$0.00
14.	You	r current monthly income. Subtract the total in line 13 fro	om line 12.	\$0.00
15.	Calc	culate your current monthly income for the year. Follow	these steps:	
	15a.	Copy line 14 here 🔷		\$0.00
		Multiply line 15a by 12 (the number of months in a year).	r	X 12
	15b.	The result is your current monthly income for the year for	r this part of the form.	\$0.00
16.	Calc	culate the median family income that applies to you. Follows	llow these steps:	
	16a.	Fill in the state in which you live.	Pennsylvania	
	16b.	Fill in the number of people in your household.	1	
	16c. Fill in the median family income for your state and size of household			
17.	How	do the lines compare?		
	17a.	under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO	op of page 1 of this form, check box 1, <i>Disposable income is n</i> DT fill out Calculation of Your Disposable Income (Official Form	122C-2).
	17b.		1 of this form, check box 2, <i>Disposable income is determined</i> alculation of Your Disposable Income (Official Form 122C-2000 prome from line 14 above.	
Pa	art 3	Calculate Your Commitment Period Under	er 11 U.S.C. § 1325(b)(4)	
18.	Сор	y your total average monthly income from line 11		\$0.00
19.	that	uct the marital adjustment if it applies. If you are married calculating the commitment period under 11 U.S.C. § 1325(me, copy the amount from line 13.		
	19a.	If the marital adjustment does not apply, fill in 0 on line 19	9a	\$0.00
	19b.	Subtract line 19a from line 18.		\$0.00

Case 21-12276-elf Doc 30 Filed 12/27/21 Entered 12/27/21 18:10:10 Desc Main Document Page 4 of 4

Deb	tor 1	1 Reginald Bernard Draughn Case number (if know	n) 21-12276-elf		
20.	Calc	liculate your current monthly income for the year. Follow these steps:			
	20a.	a. Copy line 19b			\$0.00
		Multiply by 12 (the number of months in a year).		X	12
	20b.	b. The result is your current monthly income for the year for this part of the form.	<u>_</u>		\$0.00
	20c.	c. Copy the median family income for your state and size of household from line 16c		\$5	7,919.00
21.	How	w do the lines compare?			
	Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, <i>The commitment period is 3 years</i> . Go to Part 4.				
		Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4.	: 1		
P	art 4	4: Sign Below			
	By s	signing here, under penalty of perjury I declare that the information on this statement and in any attach	ments is true and co	rrec	t.
	X /	/s/ Reginald Bernard Draughn X			
	F	Reginald Bernard Draughn, Debtor 1 Signature of Debtor 2			
		Date 12/27/2021 Date			
		MM / DD / YYYY MM / DD / YYYY			

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.